| <b>PATENT</b> | <b>APPLICATIO</b> |
|---------------|-------------------|
|               | Effective N       |

## E DETERMINATION RECORD Sember 8, 2004

Application or Docket Number 10/537298

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |  |                               |                     | SMALL ENTITY TYPE                |                     | OR                     | OTHER THAN R SMALL ENTITY  |                     |                        |
|---|--|---|--|-------------------------------|---------------------|----------------------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES .  |  |   |  |                               |                     | RATE                             | FEE                 | •                      | RATE                       | FEE                 |                        |
| BASIC FEE   |  |   | SMALL ENT.                                 | = \$ 150                      | LARGE ENT. = \$ 300 |                                  | BASIC FEE           |                        | OR                         | BASIC FEE           | 320                    |
| EXAMINATION FEE   |  |   | Satisfies PCT A                            |                               |                     | ner situations = 100 / \$ 200    | EXAM. FEE           |                        | 1                          | EXAM. FEE           | 300                    |
| SEA   | RCH FEE  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ıntries =                     |                     | ner situations =<br>250 / \$ 500 | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE   | FOR EXTRA S                                    | SPEC. PGS.                                  | 1 06 minu                                  | us 100 =                      | وا                  | / 50 = \                         | X \$ 125 =          |                        |                            | X \$ 250 =          | ₹0                     |
| тот   | AL CHARGEAI                                    | BLE CLAIMS X                                |  | nus 20 =                      |                     | )                                | X \$ 25 =           |                        | OR                         | X \$ 50 =           | 350                    |
| INDEPENDENT CLAIMS 4 minus 3  |  |   |  | inus 3 =                      | * \                 |                                  | X \$ 100 =          |                        | OR                         | X \$ 200 =          | 30D                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |  |                               |                     | + \$ 180 =                       |                     | OR                     | + \$ 360 =                 | 360                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                               |                     | lumn 2                           | TOTAL               |                        | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |  |                               |                     | (Column 3)                       | SMALL               | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | · ' ' ' ' ' ' ' '                          | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA                 | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE .              | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                            |                     | =                                | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                                      | ***                           | •                   | =                                | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     | · 🔲                              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| ند  |  | •   |  |                               | •                   |                                  | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|   | •  | (Column 1)                                  |  | (Colur                        | nn 2)               | (Column 3)                       |                     |                        |                            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA                 | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                            |                     | = (4)                            | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| AMEN  | Independent                                    | ·   | Minus                                      | ***                           |                     | - 1                              | X \$ 100 =          |                        | OR                         | · X \$ 200 =        |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     |                                  | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| TOTAL ADDIT.  FEE OR TOTAL ADDIT.  FEE  |  |   |  |                               |                     |                                  |                     |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". |  |   |  |                               |                     |                                  |                     |                        |                            |                     |                        |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.